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PTOTSB06 (08-03)
Approved for use through 7/31/2008, OMB 0851-0032.
U.S. Petent and Testement Office, U.S. DEPARTMENT OF COMMERCE

Unde	the Personal	Reduction Act of	1993, no p	CEE DETER	MINATION	;;	SECURD	manon ones		***		
	PATE	NT APPLICA	ATION Substitut	e for Form PTO	-675	_			<u> ७५</u>	174798	37 🚶	
CLAIMS AS FILED - PART I (Column 2)							SMALL ENTITY		OR	OTHER T Ń SMALL ENTITY		
	FOR	MARIE		HUMBEI	REXTRA		RATE	FEE	•	RATE	FEE	
	FEE		-				1	s	OR ·	·	3	
TOTA	L CLAMS	15	entrus 20	6			. s		OR.	A 5 0		
PODE	PENDENT CLASM FR 1,18(b))	5 3	colour 3	7			x 4		<b>O</b> R	X 6 0		
MERTIFILE DEPENDENT CLAIM PRESENT (27 CFR 1.15(4))							+10		<b>O</b> R	+5		
				ler 10° in column 2			TOTAL		OR.	TOTAL		
* If the difference in column 1 is tess than zero, enter 10 in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II												
						SMALL E		ENTITY .	, pr	OTHEF SMALL	THAN	
-	<del></del> 1	(Calumn 1) CLAIMS	_	· (Column 2)		ļ			1		400	
FT A		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONAL	ŀ	RATE	TIONAL FEE	
Š	Total or official	AMENDMENT 7	Minus	PAID FOR	• -		×	1	ÓR	x 3	./	
ENDMENT	Independent OF GPR LNDQ	• 3	Minus	- 3	•	1	× 9 =	7	OR		1.	
Ĭ.		ATION OF MULTIPU	E DEPENDI	ENT CLANE OF OF	R 1.16(4))		+1	7	OR	- + 8 8	<u> </u>	
۳			TOTAL OR ADOL FEE									
	•	(Column 1)		(Column 2)	(Column 3)			•	[ . i.		. :	
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ACOH TIONAL FEE	}	RATE	ADOF TIONAL E	
AMENDME	Total profit 1.M(c)	17	Mous	20	-	1	× 3		OR	1		
	Endependent (37 CFR LMGH)	• 2	Minus	-3	2	]	x 3	·	OR			
AM												
Г	1 1				•	_	ADD'L FEE		J os	ADD'L FEE		
1.	) lak	Scalum 11		(Column 2)	(Cotumn 3)	_	·.		, i		<u> </u>	
MC	<del>4.1164</del>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HAMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ŀ	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
W.	Total .	14	Minus	- 20	•	]	x s =		o e			
AMENDMENT	independent of ora unique	K	Minus	73	5		=COL:x		Oģ	x = 2003	4000	
¥	FIRST PRESENTATION OF MILITIPLE DEPCHDENT CLAIM (DZ OFR 1 18(G))						+		QR.	***		
							ADO'L FEE		_]	ADOL FEE		
# If the entry in column 1 is itses than the entry in column 2, write "0" in column 3. # If the "Highest Number Previously Paid For IN TRUS SPACE is itses than 2, enter "20".  ### The "Highest Number Previously Paid For IN TRUS SPACE is itses than 2, enter "20".												
"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 1, enter "1".  The "Highest Number Proviously Paid For" (Total or independent) is the Highest number bound in the appropriate box in column 1.  The "Fighest Number Proviously Paid For" (Total or independent) is the Highest number bound in the appropriate box in column 1.  The "Highest Number Proviously Paid For" (Total or independent) is the Highest number bound in the appropriate box in column 1.												
				co a se The Infr	www.marken.da 6861	ALC: Y	20 00 00 MAIN 07 FC		- v) ==			

This constition of information is required by 37 CFR 1,18. The information is required by consmit of the process of the proces

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.